

11101221

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
O.I.P.E. CLASSIFIER	KSD		2/12/01
FORMALITY REVIEW	JM	JCS661	2/24/01
RESPONSE FORMALITY REVIEW			

**INDEX OF CLAIMS**

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
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11	17	26	22 26
12	01	02	03 03
13	✓	✓	✓
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If more than 150 claims or 10 actions  
staple additional sheet here

A  
2/28**BEST AVAILABLE COPY**

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